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ABSTRACT

One-third of all scheduled pediatric visits are for well child care. The American Academy of Pediatrics has suggested that anticipatory guidance, which focuses on health maintenance, accident prevention, nutrition, and normal child development, should be a major part of well child visits. Training in well child counseling will only be accepted in residencies and put into practice when a cost efficient mode of teaching and delivery have been identified. As an initial step in creating a well child care teaching manual for a pediatric residency program, a needs assessment was conducted to determine pediatric residents' attitudes, knowledge, and perceived need for information about anticipatory guidance, and parents' perceived problems in health maintenance, safety, and psychosocial issues, and their perceived need for anticipatory care information. The results of the assessment revealed that pediatric residents (N=52) considered provision of anticipatory guidance an important area; that they lacked sufficient knowledge of child development, counseling concerning common behavior problems, nutrition, and safety; and that they did not feel confident counseling parents about normal developmental issues, discipline, and common behavior problems. Parents indicated that they had numerous concerns about common behavior problems and a desire to talk to their pediatrician about these problems. Based on these findings, a well child care manual has been written and a 2-year luation is in progress. Ten slides shown during the presentation are appended. (NB)

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Teaching Anticipatory Guidance: Pediatric Residents' Attitudes, Knowledge and Behavior[1]

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

One third of all scheduled pediatric visits are for well child care (Slide 1). Three major objectives of well child care are prevention of disease, early detection and treatment of disease, and anticipatory guidance in the psychosocial aspects of child rearing. The American Academy of Pediatrics, (1985) has suggested that anticipatory guidance should be a major portion of each well child visit. Ideally, anticipatory guidance focuses on providing health maintenance, accident prevention, and nurtrition, as well as counseling on normal physical, emotional and cognitive development of children. Studies of pediatric practices (Reisinger and Bires, 1980) suggest physicians spend an average of 97 seconds providing anticipatory guidance information for parents of infants and an average of 7 seconds discussing anticipatory topics with adolescents and their parents.

A suggested reason for the limited time pediatricians spend in anticipatory guidance may be related to the inadequacy of residency training. A survey of pediatricians (Dworkin, et al 1979) in practice found 79% felt that they had received little training in child development. The Task Force on Pediatric Education (1985) surveyed recent graduates and 54% rated their residency training in psychosocial/behavioral pediatrics as inadequate. Training in well child counseling will only be accepted in residencies and put into practice when a cost efficient mode of teaching and delivery has been identified. Too this end a three year grant has been awarded to Dr. Diane Kittredge, director of the Pediatric Practice Model Clinic at the University of Oklahoma Health Sciences Center to create a well child care manual and to evaluate the effectiveness of this teaching manual in a pediatric residency program. The Pediatric Practice Model Clinic is a continuing care pediatric clinic which has approximately ten thousand patient visits a year and 95% of these patients are seen by their primary pediatric

resident physician. The initial portion of the three year grant examined the needs of the residents and the needs of the parents for anticipatory guidance information (Slide 2). The needs assessment portion of the grant focused on five separate issues: 1) the residents attitudes about anticipatory guidance, 2) residents knowledge, 3)residents perceived need for information about anticipatory guidance topics, 4) the parents endorsement of problems in the area of health maintenance, safety and psychosocial issues, and 5) the parents perceived need for anticipatory care information.

Residents' Attitudes

Initially 52 pediatric residents were asked to evaluate the importance of providing anticipatory guidance information at well child visits. The overall evaluation indicated sixty four percent of the residents rated this as very important and 36% rated anticipatory care as important. Obviously, residents value the provision of anticipatory care. The residents were then asked to list the most practical ways they could learn about various areas of anticipatory counseling. The two most useful modes of learning suggested were a manual with check sheets for topics at each age and practical experience with feedback from faculty.

Evaluation of Residents' Knowledge

All residents were given a 62 item multiple choice exam to evaluate their knowledge of well child counseling topics for children from birth through adolescents. Overall for the three levels of pediatric residents the average correct score was 51%, with the third year residents scoring somewhat higher with 53% correct. The examination indicated residents lack a sufficient knowledge of child development, counseling concerning common behavior problems, as well as accurate information regarding nutrition and safety.

Residents' Teaching Needs

Residents were asked to evaluate their own level of confidence in providing anticipatory guidance information. The data presented today deals only with the psychosocial aspects and do not include information concerning nutrition, health maintenance or safety. Examining the anticipatory guidance topics (Slide 3) for the youngest age group of birth to 2-years-old, more than one fourth of the residents did not feel confident to provide information on the topics of toliet training, sleep problems, discipline and common parenting problems.

(Slide 4) For the 3 to 5-year-old age group at least 20% of the residents felt least confident discussing problems of mealtime behaviors, common parenting problems, discipline and limit setting and sibling rivalry.

(Slide 5) At the 6 to 11-year-old age group residents continued to express the least confidence in discussing common parenting problems and discipline. Issues of a working mother and the effects on the child as well as helping parents to teach coping skills were endorsed by approximately one third of the residents as issues they did not feel confident to discuss with parents.

A review of the residents self evaluations indicate that they do not feel confident counseling parents about normal developmental issues such as, sleep problems, discipline and common behavior problems. The residents self evaluations are consistent with their low test scores evaluating their knowledge of anticipatory guidance issues suggested by the Academy of Pediatrics.

Needs Assessment: Parents

The second focus of the needs assessment was to evaluate the parents needs for anticipatory guidance information. Prior to all scheduled well

child care visits parents are asked to fill out a 40 item questionnaire to evaluate the health, safety, nutrition and psychosocial/developmental status of their child. An evaluation of 546 consecutive well child care visits were reviewed. Ninety two percent of respondents were mothers from predominately low income groups. (Slide 6) Parents of infants from 1 month to 10 months of age endorsed sleep problems as the most frequent difficulty. Yet, 36% of the residents do not feel confident discussing this problem for the infant age group. (Slide 7) More than one third of the parents of children 11 months to 2 years endorsed toliet training as a problem. Unfortunately, 41% of the residents did not feel confident discussing this topic.

Parents of 3 to 5-year-olds (Slide 8) were given a questionnaire which listed 12 specific types of behavior problems as well as a general category of concerns about their child's behavior. The most frequent concerns were non-compliance and activity level. Again, 44% of the residents did not feel confident providing counseling on common parenting problems including non-compliance and 28% of the residents were not confident discussing discipline problems.

(Slide 9) The eighty-four parents of children from 6 to 11 years old most frequently identified problems of their children as, (1) becoming easily upset, (2) having tension headaches, and 3) being non-compliant. The age group was rated as having the most at risk problems. A comparison of parents concerns and topics at least one fourth of the residents do not feel confident to discuss include common parenting problems, helping a child to develop coping skills, problems of working mothers, and improving parent/child communication and discipline.

The next portion of the parents' needs assessment evaluated parents' attitudes toward their primary care pediatrician and topics parents would like

to discuss with their doctor. During a two week period, 192 parents were asked to fill out a two part questionnaire. A total of 137 parents completed the questionnaire. Overall ratings indicated parents were extremely positive in their evaluation of their physician with 83% rating their physician as very caring.

Parents were then asked if they had all the time they wanted to talk with their pediatrician what topics would they choose. Parents were then given a list of 16 anticipatory guidance topics (Slide 10). One half of the parents were interested in learning more about child development and approximately one fourth of the parents wanted to discuss discipline, sleep problems, parent child relationships or general behavior problems. Clearly parents are interested in developmental and behavioral concerns.

Parents were then asked to endorse ways they would like to receive information about anticipatory guidance topics (Slide 11). The most frequently endorsed methods were handouts, discussion with physicians and/or nurses or videotapes in the waiting room. Parents were least interested in returning to their physicians office for a separate office visit. This is a particularly interesting finding in light of the fact the American Academy of Pediatrics recommends extra visits for child behavior problems.

In summary, parents indicate they have numerous concerns about common behavioral problems and a desire to talk to their pediatrician about these problems. Pediatric residents indicate a strong interest in anticipatory guidance. Yet, they recognized they lack adequate knowledge to provide this information to parents. We know that parents are most likely to talk with their physician first about common behavioral problems and are unlikely to contact a psychologist to discuss these problems. It is encumbant upon psychologist to teach accurate information about normal development and common

childhood problems in order to prevent future more serious problems.

A well child care manual has been written and a two year evaluation is in progress. This evaluation will include both videotapes of simulated well child care visits, as well as audiotapes of actual well child care visits prior to and after the introduction of the anticipatory guidance manual. Information presented in an age specific format may help to provide pediatric residents with appropriate training and accurate information concerning normal developmental issues and common childhood behavior problems.

References

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Dworkin, P.H., Shorkoff, J.P., Leviton, A., Levine, M. (1979) Training in developmental pediatrics. American Journal of Diseases of Children, 133, 709.

Reisinger, K.S. & Bires, J.A. (1980) Anticipatory guidance in pediatric practice. Pediatrics, 66, 889.

Slide 1

Objectives of Well Child Care

I. Prevention of disease

   A. Immunization

   B. Health Education

II. Early detection and treatment of disease

   A. History

   B. Physical Examination

   C. Screening

III. Anticipatory guidance in psychosocial aspects of child rearing

Slide 2

I. Needs Assessment-Anticipatory Guidance

A. Residents Knowledge of Anticipatory Guidance

B. Residents Needs-Information on Anticipatory Guidance

C. Parents Survey-Psychosocial Developmental Problems

D. Parents Needs-Anticipatory Guidance

Slide 3

ANTICIPATORY GUIDANCE

Least Confidence-All Residents (N=53)

0-2 years

Psychosocial Issues

Toilet Training	41%
Sleep problems	36%
Discipline	31%
Common parenting problems	28%
Child/sibling interactions	21%
Negativism	18%
Expected social skills toddler	15%
Crying	15%

Slide 4

ANTICIPATORY GUIDANCE

Least Confidence-All Residents (N-53)

3-5 Years

Mealtime behaviors	51%
Common parenting problems	44%
Discipline & Limits	28%
Child/Sibling interactions	21%
Sleep problems	18%
Child temperament	18%

Slide 5

ANTICIPATORY GUIDANCE

Least Confidence-All Residents (N=53)

Developing child's coping skills	33%
Common parenting problems	31%
Working mother	31%
Child/parent communication	28%
Discipline	28%
Responsibilities/peer relationships	15%
Death concepts	15%

Slide 6

Health Update
Parent's Responses
Percent At Risk Responses
Ages 1 month-10 months (221 visits)

Sleep problems	18.5%
People to help parents/ babysitter	13%
Generally happy/pleasant to be with	4%
Baby's behavior that is a problem to parents	1.4%

Slide 7

Health Update
Parent's Responses
Percent At Risk Responses
11 months to 2 years (156 visits)

Bottle in bed	41.3%
Toilet Training	36.5%
General Concerns about Behavior	13.5%
Babysitting available	11.6%
Discipline problems	10.9%
Happy to be with/pleasant	1.9%

Slide 8

Health Update
Parent's Responses
Percent At Risk Responses
3-5 years (115 visits)

Specific Behavior Concerns

Won't mind	25%
Too active	24.1%
Jealousy	19.8%
Bad temper	19%
Easily upset	17.2%
General concerns about child's behavior	14.7%
Frequent aches/pains	13.8%
Cries too much	12.9%
High strung/nervous	10.3%
Gets along well with other children	4.3%
Seems happy/pleasant	3.4%

Slide 9

Health Update
Parent's Responses
Percent At Risk Responses
6 to 11 years (84 visits)

Easily upset	26%
Headaches	21%
Won't mind	20%
General concerns about child's behavior	19%
Nightmares	18%
Lying	18%
Cries too much	16%
Jealousy	16%
Bad temper	14%
Too active	13%
Tired/lack of energy	13%
Trouble sleeping	10%
Generally happy	6%
Peer relationships	6%

Slide 10

Activities Parents Endorsed As Most
Helpful in Teaching Anticipatory Guidance

Activity	Percent Endorsing Activity
Handouts	35%
Discussing with Dr./Nurse-WCC	34%
TV/Videotapes in waiting room	31%
Telephone call-in	14%
Parent Groups	14%
Consultant in Waiting Room	14%
Bulletin Board	10%
Additional Dr. Visit	8%